

Town of North Hempstead
Department of Building Safety, Inspection & Enforcement
210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662
www.northhempsteadny.gov

APPLICATION FOR AMENDED PLUMBING PERMIT

(For both residential and commercial permits)

**TWO (2) COPIES OF THIS FORM MUST BE SUBMITTED,
EACH WITH ORIGINAL SIGNATURES**

Section _____ Block _____ Lot _____

(REPEAT ON ALL PAGES)

Property Address _____

Property Owner (Please Print) _____

Owner's current address _____ Phone _____

Describe Amendment changes, and fill in permit numbers below:

Permit Number: _____ for: _____

Permit Number: _____ for: _____

Permit Number: _____ for: _____

Permit Number: _____ for: _____

SIGNATURE OF PROPERTY OWNER: _____

SIGNATURE OF APPLICANT: _____ **PRINT NAME** _____

APPLICANT REPRESENTS: _____

****PLEASE NOTE ALL ADDITIONAL FIXTURES ON THE BACK OF THIS FORM. YOU MUST ALSO INDICATE THE COST OF CONSTRUCTION (LABOR AND MATERIALS).***

****Please try to bring at least one blank check, as fees will vary depending on amendments, and will be calculated during submission. Cash over \$35 will not be accepted. Sorry, we do not accept credit cards at this time.***

****You can NOT use this application for work that does not have an existing permit**

FOR OFFICE USE ONLY:

AMENDMENT FEE REQUIRED: _____

Fees to be calculated at time of submission

DATE FILED _____ **CHECKED BY** _____

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No. Fixtures in Total _____
Indicate quantity of items unless otherwise indicated

No. of Gas Appliances in Total _____
() Gas () LP Gas () Oil

FIXTURE TYPE	Location				Insp. Date
	B	1 st	2 nd	3 rd	
Location					
Water Closet					
Lavatories					
Bathtub					
Shower					
Bidet					
Urinal					
Kitchen Sink					
Sink Other					
Grease Trap					
Indirect Wastes					
Dishwasher					
Laundry Tub					
Washing Machine					
Sprinkler Heads					
Roof Drains					
Floor Drains					
Drinking Fountain / Water Cooler					
Est. Plumb. Cost					
INFRASTRUCTURE	Indicate quantity & cost				
Sewer					
Septic/Cesspool					
Leeching Pools					
Drywells					
Main Water Service					
Fuel Tank # and Size					

	Yd cellar	B	1	2	3	Rf	Cost	Insp. Date
# Ft Gas Piping – If/cost								
HVAC Units								
HVAC ductwork –cost								
Furnace Gas/Oil								
Boiler Gas/Oil								
H/W Heater Gas/Oil								
Indirect Storage Tanks								
Stove								
Oven								
Range (Counter Range)								
Dryer								
Generator								
Gas Fire Place								
Pool Heater								
Barbeque								
Steamer								
Roof Top Heater								
Unit Heater								
Infrared Heater								

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ADDITIONAL REQUIREMENTS

- Schematic riser diagram required for sanitary piping plumbing permit.
- Schematic piping plan illustrating length of pipe runs required for gas piping permit.
- Sprinkler drawings are required for sprinkler permits and must include fire marshal's approval.
- Site plan and survey required for drywells, cesspools, and grease trap permits.
- Site plan and survey illustrating location of exterior placed equipment required for HVAC permit. HVAC equipment may not be located in the required minimum side or rear yard or in any front yard.
- Sewer application shall include permit from county or local sewer authority and highway permit/road opening permit.
- Applications for gas appliances must be accompanied by gas piping applications unless direct replacement of existing appliance.
- Town Fuel Oil Tank Removal, Abandonment or Installation form, Nassau County Department of Health tank removal form and survey required for Fuel Tank removals and or replacement dependent on action.

FOR OFFICE USE ONLY

Date signed off: _____ Inspector: _____

Comments: _____

NOT VALID UNTIL STAMPED APPROVED BELOW THIS LINE